

Gaithersburg Youth Center (Grades 6-8)

BALTIMORE AQUARIUM

Friday, Jan. 25
3:30pm-9:00pm

\$25
Members Only



Registration Information:

Return Permission Slip &
Payment to **City of
Gaithersburg:**

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to
301-948-8364

Checks made payable to the
City of Gaithersburg. Visa,
Discover, MasterCard, &
AMEX accepted.

BALTIMORE AQUARIUM
501 E PRATT ST,
BALTIMORE, MD 21202

OLDE TOWNE GYC
301 TEACHERS WAY
GAITHERSBURG, MD 20877

ROBERTSON PARK GYC
801 RABBITT RD,
GAITHERSBURG, MD 20878

BOHRER PARK
506 S. FREDERICK AVE.
GAITHERSBURG, MD 20877

THE TRIP WILL DEPART FROM THE GAITHERSBURG YOUTH CENTER (GYC) AT 3:30PM
& RETURN TO THE **BOHRER PARK ACTIVITY CENTER (GYC)** AT 9:00PM.

PARENTS MUST PICK UP THEIR CHILD FROM **BOHRER PARK** AT THE CONCLUSION OF THE TRIP.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350
Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

Baltimore Aquarium #7158

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		National Aquarium	7158				\$25

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

Amount Paid \$ _____ Cash ☐ Check # _____

Office Use Only: 7158

Visa/MC/DISC/AMEX# _____ Exp. Date ____/____

Rec'd: _____ Initials _____